PTO/SB/17 (05-07)
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Tracer the Paperwork Re	duction Act of 199	5, no person are re	equired to	respond to a collection	n of informati	on unless it displays	a valid OMB	control numbe	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007				Complete if Known					
				Application Number (		09/986,721-Conf. #5854			
				Filing Date		November 9, 2001			
				First Named Inventor		Naoki KUBO			
				Examiner Name		D. Rosario			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2	2624				
TOTAL AMOUNT OF PA	(\$) 1240.00		Attorney Docket No.		0378-0385P				
METHOD OF PAYME	NT (check all	that apply)							
Check Credit	t Card	Money Order	Noi	ne Other (	please ident	ify):			
X Deposit Account D	eposit Account Num	ber: 02-2448 c	Deposit Acc	ount Name:	Birch, Ste	wart, Kolasch	& Birch, l	LP	
For the above-ide	entified deposit	account, the D	irector is	hereby authorize	d to: (chec	k all that apply)	,		
X Charge fee(s) indicated below. Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17.									
FEE CALCULATION	er 37. CFR 1.16	and 1.17							
1. BASIC FILING, SEAR	CH. AND EXA	MINATION FE	ES						
		IG FEES		ARCH FEES	EXAMIN	IATION FEES			
Application Type	Foc (\$)	Small Entity	Ean (\$	Small Entity	E (f)	Small Entity	F !	٠	
Utility	<u>Fee (\$)</u> 300	Fee (\$) 150	Fee (\$	<u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	rees r	Paid (\$)	
Design	200	100	100	50	130	65			
Plant	200								
Reissue		100	300	150	160	80		<del></del>	
	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES	5						Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)							200	100	
Multiple dependent clain	•	16 1(0155405)					360	180	
			Paid (\$)	Mı	ultiple Depende		100		
-=	x	=		(4)			ee Paid (\$	)	
HP = highest number of total	claims paid for, if g	reater than 20.						_	
Indep. Claims Extra Claims Fee (\$)		Fee (\$)	Fee Paid (\$)						
UD = highest sumber of index	<u> </u>	<u> </u>		<u> </u>					
HP = highest number of indep		d for, if greater thai	n 3.						
3. APPLICATION SIZE F If the specification and listings under 37 CF.	drawings exceed R 1.52(e)), the	application siz	e fee du	e is \$250 (\$125 fo	onically fil or small er	ed sequence or outity) for each ad	computer Iditional 50	)	
sheets or fraction the	creof. See 35 U	` ' ' '	` '	` ,					
Total Sheets	Extra Sheets			dditional 50 or frac			Fee I	Paid (\$)	
		/50 =		(round up to a who	e number) .	×=	·		
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)									
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37							790.00		
1251 Extension for response within second month								0.00	
SUBMITTED BY.		· · · · · · · · · · · · · · · · · · ·							
Signature Registration No. (Attorney/Agent)					32,181	Telephone	(703) 205-8000		
Name (Print/Type) Marc S	. Weiner	·		,		Date Ju	v 2. 2007	(Monday)	

July 2, 2007(Monday)